

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/14/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155106		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 06/21/2011	
NAME OF PROVIDER OR SUPPLIER  RIVERWALK VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 295 WESTFIELD ROAD NOBLESVILLE, IN46060			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 06/21/11</p> <p>Facility Number: 000044 Provider Number: 155106 AIM Number: 100274940</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Riverwalk Village was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and all areas open to the corridor. The facility has a capacity of 184 and had a census of 147 at the time of</p>			K0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155106		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 06/21/2011	
NAME OF PROVIDER OR SUPPLIER  RIVERWALK VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 295 WESTFIELD ROAD NOBLESVILLE, IN46060			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0021 SS=E	<p>this survey.</p> <p>Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 06/27/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of:</p> <p>a) the required manual fire alarm system;</p> <p>b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and</p> <p>c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 kitchen rolling fire doors in the opening between the kitchen and the Main Dining room is held open only by a device arranged to automatically close upon activation of the fire alarm system. This deficient practice could affect all residents, staff and visitors in the vicinity of the Main Dining room.</p>			K0021	<p>K211. No resident was identified to be affected by the alleged practice. The Kitchen serving window was properly fixed to ensure when the fire alarm is sounded that it properly closes automatically. II. All residents in the vicinity of the main dining room have the potential to be affected by the alleged practice. All doors with automatic closures were checked to ensure they all latch securely as required when the fire</p>		07/11/2011

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155106		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 06/21/2011	
NAME OF PROVIDER OR SUPPLIER  RIVERWALK VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 295 WESTFIELD ROAD NOBLESVILLE, IN46060			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>Findings include:</p> <p>Based on observations with the Maintenance Supervisor during a tour of the facility from 11:10 a.m. to 2:00 p.m. on 06/20/11, the kitchen adjoins the Main Dining room and a serving window from the adjoining kitchen has a rolling fire door equipped with a fusible link. The Main Dining room was not separated from the corridor because the entry to the Main Dining room is not separated from the corridor by positive latching doors. The building fire alarm system was activated two times at 1:10 p.m. and at 1:14 p.m. on 06/21/11 and the serving window rolling fire door did not close either time upon activation of the fire alarm system. Based on interview at the time of observation, the Maintenance Supervisor stated the serving window rolling fire door should have closed upon activation of the fire alarm system and it did not, and acknowledged the Main Dining room is not separated from the corridor by an entry door provided with positive latching hardware.</p> <p>3.1-19(b)</p>				<p>alarm sounds.III.New doors installed will be checked prior to installation for proper latches to secure the door and safe separation. Automatic closing doors and closing windows will be checked and monitored through the preventative maintenance program to ensure properly maintained and working as required. Maintenance department staff were re-educated regarding this regulation and requirement of latching doors and automatically closing window upon activation of the fire alarm.IV.During fire drills the window will be monitored each time to ensure the automatic window properly closes.During fire drills, doors will be checked that they have proper latch and are securely closing for safe separation.The Executive Director and maintenance Director will be responsible for ongoing monitoring and compliance with this regulation.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155106		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 06/21/2011	
NAME OF PROVIDER OR SUPPLIER  RIVERWALK VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 295 WESTFIELD ROAD NOBLESVILLE, IN46060			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0029 SS=E	<p>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>Based on observation and interview, the facility failed to ensure 4 of 7 doors serving hazardous areas such as soiled linen rooms, storage rooms greater than fifty square feet in size used to store combustible materials and kitchens are equipped with doors which would automatically close and latch into the door frame. This deficient practice could affect any resident, staff or visitor in the vicinity of the soiled linen room by Room # 131, the soiled linen room by Room # 109 in Memory Care II, the Personal Laundry storage room and the kitchen by the Main Dining Room.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Supervisor during a tour of the facility from 11:10 a.m. to 2:00 p.m. on 06/21/11, the following was observed:</p> <p>a. The soiled linen room entry door by Room # 131 is provided with positive</p>			K0029	<p>K29 - It is the consistent practice of this Provider to ensure doors serving hazardous areas are equipped with doors which would automatically close and latch into the door frame.I. No resident was identified to be affected by the alleged practice. The soiled linen door by room #131 was provided with an automatic door closure and automatically closes and properly latches in door frame.The soiled linen door by room #109 was provided with an automatic door closure and automatically closes and properly latches in the door frame.The personal laundry door was provided with an automatic door closure and automatically closes and properly latches in the door frame.The kitchen entry door set was provided with an automatic door closure and automatically closes and properly latches.II. All residents in the vicinity of these doors have the potential to be affected by the alleged practice. Identified doors in this tag were properly provided with a door</p>		07/11/2011

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155106		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 06/21/2011	
NAME OF PROVIDER OR SUPPLIER  RIVERWALK VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 295 WESTFIELD ROAD NOBLESVILLE, IN46060			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>latching hardware but is not provided with a self closing device.</p> <p>b. The soiled linen room entry door by Room # 109 in Memory Care II is provided with positive latching hardware and is equipped with a self closing device on the entry door but the self closing device was disconnected from the door jamb which caused the door to not self close.</p> <p>c. The Personal Laundry storage room measures eighty square feet in size, is used as additional storage space for clean laundry, and is provided with positive latching hardware but is not equipped with a self closing device on the entry door.</p> <p>d. The kitchen entry door set from the Main Dining Room is provided with a self closing device but is not provided with positive latching hardware in order for the door set to latch into the door frame. Based on interview at the times of observation, the Maintenance Supervisor acknowledged the soiled linen room entry door by Room # 131 is not provided with a self closing device; the soiled linen room entry door by Room # 109 in Memory Care II is equipped with a self closing device on the entry door but the self closing device was disconnected from the door jamb which caused the door to not self close; the Personal Laundry storage room is greater than fifty square</p>				<p>closure to ensure the door properly closes and latches in the door frame. All doors servicing hazardous areas were checked to ensure they were properly equipped with a door closure to ensure the door properly closes and latches in the door frame.</p> <p>III. The maintenance department and housekeeping department were re-educated to this regulation related to door closures and the proper closing and latching into the door frame.</p> <p>IV. Maintenance department will monitor these doors through the use of this Providers preventative maintenance program to ensure these doors properly close and latch into the frame. Housekeeping staff will monitor each door as they enter these rooms to clean each day. Any issues or failure of operation will be reported immediately to maintenance for correction.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155106		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 06/21/2011	
NAME OF PROVIDER OR SUPPLIER  RIVERWALK VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 295 WESTFIELD ROAD NOBLESVILLE, IN46060			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0050 SS=C	<p>feet in size, is used to store combustible materials and is not provided with a self closing device on the entry door; and the kitchen entry door set is not provided with positive latching hardware.</p> <p>3.1-19(b)</p> <p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>Based on record review and interview, the facility failed to conduct quarterly fire drills at unexpected times under varying conditions on the first shift for 3 of 4 quarters. This deficient practice affects all occupants in the facility including residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Monthly Fire Drill Report" documentation with the Maintenance Supervisor from 9:35 a.m. to 11:10 a.m. on 06/21/11, first shift fire</p>			K0050	<p>K 50 - It is the consistent practice of this Provider to conduct quarterly fire drills at unexpected times under varying conditions and unexpected times.I. No resident was identified to be affected by the alleged practice. A fire drill schedule was developed to ensure on going fire drills completed as required quarterly each shift at unexpected times and under varying conditions and unexpected times.II. All residents have the potential to be affected by the alleged practice. A fire drill schedule was developed to ensure on going fire drills are</p>		07/11/2011

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155106		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 06/21/2011	
NAME OF PROVIDER OR SUPPLIER  RIVERWALK VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 295 WESTFIELD ROAD NOBLESVILLE, IN46060			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0069 SS=E	drills conducted on 06/14/10, 09/22/10 and 12/14/10 were each conducted, respectively, at 9:30 a.m., 10:00 a.m. and 10:00 a.m. Based on interview at the time of record review, the Maintenance Supervisor acknowledged first shift fire drills were not conducted at unexpected times under varying conditions.			K0069	completed as required quarterly each shift at unexpected times and under varying conditions.III. Maintenance staff were educated on this regulation and requirement that fire drills must be completed each quarter on each shift under unexpected times and varying conditions.IV. The Executive Director will monitor the completion of this schedule to ensure ongoing compliance to this regulation.		07/11/2011
	<p>3.1-19(b)</p> <p>Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 kitchen exhaust system baffles were installed correctly. NFPA 96, 1998 Edition, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, 3-2.5 states filters shall be installed at an angle not less than 45 degrees from the horizontal. This deficient practice could affect any resident, staff or visitor in the vicinity of the kitchen.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor during a tour of the facility from 11:10 a.m. to 2:00 p.m. on 06/21/11, eight of eight baffles in the</p>				<p>K 69 I. No resident was identified to be affected by the alleged practice. New exhaust system baffles were ordered to be installed correctly in the kitchen range hood exhaust system.II. Residents in the vicinity of the kitchen could be affected by the alleged practice. New exhaust system baffles were ordered to be installed correctly in the kitchen range hood exhaust system.III. The Executive Director re-educated the maintenance staff to the requirement of this regulation the proper angles required for use of exhaust baffles.IV. These baffles will be monitored by the preventative maintenance program to ensure that they remain and continue to be in proper angle as required by this regulation. Ongoing Compliance and monitoring will</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155106		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 06/21/2011	
NAME OF PROVIDER OR SUPPLIER  RIVERWALK VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 295 WESTFIELD ROAD NOBLESVILLE, IN46060			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0143 SS=E	<p>kitchen range hood are aligned horizontally in the kitchen range hood exhaust system. Based on interview at the time of observation, the Maintenance Supervisor acknowledged the eight baffles in the kitchen range exhaust hood are aligned horizontally and would not drain grease properly in the present configuration.</p> <p>3.1-19(b)</p> <p>Transferring of oxygen is:</p> <p>(a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction;</p> <p>(b) in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and</p> <p>(c) in an area posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and the Compressed Gas Association. 8.6.2.5.2 Based on observation and interview, the facility failed to ensure 1 of 1 oxygen storage and transfilling room doors was provided with a self closing device on the</p>			K0143	<p>also occur by Maint on monthly rounds.</p> <p>K 144 I. No resident was identified to be affected by the alleged practice. A automatic door closure was provided to the oxygen storage and transfilling</p>		07/11/2011



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155106		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 06/21/2011	
NAME OF PROVIDER OR SUPPLIER  RIVERWALK VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 295 WESTFIELD ROAD NOBLESVILLE, IN46060			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0144 SS=F	<p>door. This deficient practice could affect any resident, staff or visitor in the vicinity of the oxygen storage and transfilling room near dietary.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor and the Administrator during a tour of the facility from 11:10 a.m. to 2:00 p.m. on 06/21/11, the oxygen storage and transfilling room door near dietary is not provided with a self closing device on the door. Based on interview at the time of observation, the Maintenance Supervisor and the Administrator acknowledged oxygen transfilling occurs in this room and the room door is not equipped with a self closing device.</p> <p>3.1-19(b)</p>			K0144	<p>room to ensure the door properly closes automatically and latches into the door frame.II. All residents in the vicinity of this room have the potential to be affected by the alleged practice. A automatic door closure was provided to the oxygen storage room to ensure the door properly closes automatically and latches into the door frame in compliance with this regulation.III. The maintenance department and housekeeping department were re-educated to this regulation and the requirment of properly closing doors. These doors will be monitored daily as housekeeping cleans these rooms to validate proper operation and closing of the doors as required in this regulation.IV. The maintenance department will monitor these doors through the preventative maintenance program to ensure all doors with automatic door closures properly close and latch into the door frame. The Executive Director will also conduct random audits through rounds to ensure ongoing compliance.</p>		07/11/2011
	<p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 generators was in accordance with NFPA 99, 1999</p>				<p>K 144 It is the consistent practice of this Provider to ensure the generator is in accordance with NFPA 99 requiring a remote</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155106		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 06/21/2011	
NAME OF PROVIDER OR SUPPLIER  RIVERWALK VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 295 WESTFIELD ROAD NOBLESVILLE, IN46060			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>Edition, Standard for Health Care Facilities. NFPA 99, Section 3-4.1.1.15 requires a remote annunciator to be provided in a location readily observed by operating personnel at a regular work station. In addition, NFPA 101 at Section 4.6.12.1 requires any device, equipment or system required for compliance with this Code shall be continuously maintained. This deficient practice could affect all occupants in the facility including staff, visitors and residents.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor during a tour of the facility from 11:10 a.m. to 2:00 p.m. on 06/21/11, the Station 2 generator panel alarm annunciator failed to alarm audibly and failed to illuminate generator status lights when the test button was pressed three times. Based on interview at the time of observation, the Maintenance Supervisor stated an audible alarm should have been indicated and the generator status lights should have illuminated when the test button was pressed and acknowledged the generator annunciator panel was not operating correctly.</p> <p>3.1-19(b)</p>				<p>annunciator.I. No resident was identified to be affected by the alleged practice. An authorized generator company was called in to service the annunciator panel to ensure it is in proper working order and in compliance with this regulation.II. All residents have the potential to be affected by the alleged practice. An authorized generator company was called in to service the annunciator panel to ensure it is proper working and in compliance with this regulation.III. The maintenance department was re-educated related to this regulation and the required working operation of the generator and the annunciator panel.IV. The generator and annunciator panel will be monitored monthly through the preventative maintenance program to ensure proper operation and ongoing compliance with this regulation.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/14/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155106		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 06/21/2011	
NAME OF PROVIDER OR SUPPLIER  RIVERWALK VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 295 WESTFIELD ROAD NOBLESVILLE, IN46060			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE